HEXATECH	CONTRACTS & PURCHASING DEPARTMENT	Issue No.: 1	Document Effective Date: 01 Mar 2017	Page 1 of 1
	Vendor Registration & Approval Form	Revision No.: 0		Document Ref: CD-REC-VRAF

VENDOR INFORMATION

Vendor Name: .....

Address: .....

..... Post Code: .....

Telephone No: ..... Fax No: .....

Mobile Tel No: ..... E-Mail Address: .....

Vendor Shareholder/ Director / Representative:	Name:	Designation:	Shareholding %:	HP Tel:
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

Type of Company:

☐ Berhad ☐ Sendirian Berhad ☐ ISO9001 Certified?

☐ Sole Proprietor ☐ Representative Office ☐ Other Quality Standards, please state: .....

NATURE OF BUSINESS

Nature of Business (Products and / or Services):

.....

.....

.....

Please attached supporting documents: Company Profile, Lisensing, Certificates, Curriculum Vitae, Project Reference, etc.

CUSTOMER REFERENCE

Customer Name:	Contact Person:	Telephone/Handphone No:	Terms Of Payment Offered:
.....	.....	.....	.....
.....	.....	.....	.....

VENDOR ACKNOWLEDGEMENT

I certify that I am a duly authorized contractor or department representative or service provider of the above vendor and fully understands and shall abide to the terms and conditions applicable to the vendor as stipulated in any manner by your Company.

.....
Signature / Designation / Date

Company Stamp / Chop:

FOR OFFICE USE ONLY

Terms Of Payment:

☐ Nett 30 Days ☐ Nett 60 Days ☐ Nett 90 Days

☐ Banker's Guarantee ☐ Letter Of Credit ☐ Others, please specify .....

☐ Reference/Search Conducted? ☐ Company Profile submitted ?

Prepared By:	**Recommended By:**	**Approved By:**
.....	.....	.....
Signature / Designation / Date	Signature / Designation / Date	Signature / Designation / Date